| NORTHERN  | TATES DISTRICT<br>DISTRICT OF CA<br>CAND 435<br>AND Rev. 07/2021) |                    |  | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |   |   |                      |                  |                      |  |                   | COURT USE ONLY <b>DUE DATE:</b>           |                     |                   |          |  |  |
|---|---|--------------------|--|--|---|---|----------------------|------------------|----------------------|--|-------------------|---|---------------------|-------------------|----------|--|--|
|   |   |                    |  |  |   |   |                      |                  |                      | 3. CONTACT EMAIL ADDRESS jlaw@bfalaw.com     |                   |   |                     |                   |          |  |  |
|   |   |                    |  |  | o. attorney phone number<br>415) 445-4003 |   |                      |                  |                      | 3. ATTORNEY EMAIL ADDRESS lweaver@bfalaw.com |                   |   |                     |                   |          |  |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Bleichmar Fonti & Auld LLP 555 12th Street, Suite 1600 Oakland, CA 94607                      |   |                    |  |  |   | 5. CASE NAME In re Facebook, Inc. Cons. Privacy User Pr                           |                      |                  |                      |  |                   | ofile Litig. 6. CASE NUMBER 18-md-2843-VC |                     |                   |          |  |  |
| 7. COURT REPO   | ORTER NAME (or e  | ☐ APP              | 8. THIS TRANSCRIPT ORDER IS FOR:       APPEAL  |  |   |   |                      |                  |                      |  |                   |   |                     |                   |          |  |  |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: |   |                    |  |  |   |   |                      |                  |                      |  |                   |   |                     |                   |          |  |  |
| a HEARING(S) (OR PORTIONS OF HEARINGS)  |   |                    |  |  |   | FORMAT(S) (NOTE: ECF access is included rchase of PDF, text, paper or condensed.) |                      |                  |                      | c. DELIVERY TYPE (Choose one per line)       |                   |   |                     |                   |          |  |  |
| DATE  | JUDGE<br>(initials)   | TYPE<br>(e.g. CMC) | PORTION If requesting less than full heari specify portion (e.g., witness or times). | ng, (email)  | TEXT/ASCII<br>(email)                     | PAPER   | CONDENSED<br>(email) | ECF ACCESS (web) | ORDINARY<br>(30-day) | 14-Day                                       | EXPEDITED (7-day) | 3-DAY                                     | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |  |
| 03/02/2023  | VC  | Motion             |  |  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | •                   | 0                 | 0        |  |  |
|   |   |                    |  | 0  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | 0                   | 0                 | 0        |  |  |
|   |   |                    |  | 0  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | 0                   | 0                 | 0        |  |  |
|   |   |                    |  | 0  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | 0                   | 0                 | 0        |  |  |
|   |   |                    |  | 0  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | 0                   | 0                 | 0        |  |  |
|   |   |                    |  | 0  | 0   | 0   | 0                    | 0                | 0                    | 0  | 0                 | 0   | 0                   | 0                 | 0        |  |  |
| 10. ADDITIONA   | 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:            |                    |  |  |   |   |                      |                  |                      |  |                   |   |                     |                   |          |  |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).                                    |   |                    |  |  |   |   |                      |                  |                      |  | 12. DA            | 12. DATE                                  |                     |                   |          |  |  |
| 11. SIGNATURI   | 1. SIGNATURE /s/ Lesley Weaver                                    |                    |  |  |   |   |                      |                  |                      |  |                   |   | 03/02/2023          |                   |          |  |  |

Clear Form

Save as new PDF